

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

29149

**1. PLACE OF DEATH**

County..... Registration District No. 3  
Township..... Primary Registration District No. 3  
City St. Louis Mo (No. 1440 & Warren St.)..... St. .... Ward)

File No. ....  
Registered No. 8279  
St. .... Ward)

**2. FULL NAME** Lloyd Raymond Smart

(a) Residence. No. 1440 & Warren St. 26 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1.3 hrs. or ..... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. none  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER Raymond Smart  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
12. MAIDEN NAME OF MOTHER Mildred Williams  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Raymond Smart  
(Address) 1440 & Warren St.

15. FILED W. C. Barkley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 19 29

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1929, to Aug 12, 1929, that I last saw him alive on Aug 12, 1929, and that death occurred, on the date stated above, at 12:30 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature birth

CONTRIBUTORY (SECONDARY) 1610 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical  
(Signed) John C. Creary, M. D.

Aug 12, 1929 (Address) 2504 1/2 14th St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Rolla Mo.

Aug 13 19 29

20. UNDERTAKER

W. J. Leedner 1417 N. Market

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

